Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Asheville, NC - 637

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 118

2. Point-in-time estimate of Veterans who are Chronically Homeless: 47

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **118** (point-in-time estimate of homeless veterans in service area) **X 45%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 88%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 47** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	203	25
Transitional Housing Beds	110	10
Permanent Housing Beds	25	25

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Long-term, permanent housing	Asheville Buncombe Community Christian Ministry (ABCEM), VA Grant and Per Diem facility, and Mountain Housing Opportunity will look for site to build permanent affordable housing for veterans.
Help Managing Money	VA Regional Office and Social Security Administration to develop conjoint payee representation.
Treatment for substance abuse	VA and Asheville Buncombe Community Christian Ministry applied for VA Grant and Per Diem special needs grant for chronically mentally ill veterans. If we are selected, we will concentrate on 20 homeless veterans each year.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 26 Non-VA staff Participants: 100%
Homeless/Formerly Homeless: 0%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	2.04	55%	2.25	1
2	Dental care	2.29	14%	2.34	2
3	Halfway house or transitional living facility	2.58	14%	2.76	8
4	Eye care	2.58	0%	2.65	5
5	Help managing money	2.67	0%	2.71	7
6	Child care	2.67	0%	2.39	3
7	Treatment for dual diagnosis	2.68	5%	3.01	18
8	Detoxification from substances	2.72	22%	3.11	22
9	Glasses	2.79	0%	2.67	6
10	Help with transportation	2.79	5%	2.82	11
11	Family counseling	2.8	0%	2.85	12
12	Emergency (immediate) shelter	2.84	9%	3.04	20
13	Treatment for substance abuse	2.88	18%	3.30	28
14	Services for emotional or psychiatric problems	3.08	9%	3.20	25
15	SSI/SSD process	3.08	9%	3.02	19
16	Education	3.13	0%	2.88	13
17	Help with medication	3.17	0%	3.18	24
18	Welfare payments	3.17	0%	2.97	16
19	Job training	3.17	14%	2.88	14
20	Help with finding a job or getting employment	3.17	14%	3.00	17
21	Legal assistance	3.21	0%	2.61	4
22	Guardianship (financial)	3.25	0%	2.76	9
23	Women's health care	3.29	0%	3.09	21
24	Help getting needed documents or identification	3.29	5%	3.16	23
25	Hepatitis C testing	3.3	0%	3.41	32
26	Clothing	3.32	5%	3.40	31
27	TB treatment	3.42	0%	3.45	33
28	Personal hygiene (shower, haircut, etc.)	3.44	0%	3.21	26
29	TB testing	3.5	0%	3.58	36
30	VA disability/pension	3.5	0%	3.33	29
31	Discharge upgrade	3.5	0%	2.90	15
32	Medical services	3.64	5%	3.55	34
33	Drop-in center or day program	3.64	0%	2.77	10
34	AIDS/HIV testing/counseling	3.64	0%	3.38	30
35	Spiritual	3.79	5%	3.30	27
36	Food	3.83	5%	3.56	35

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.26	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.65	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	4.52	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	4.39	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	4.26	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	4.17	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.91	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.74	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.18	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.77	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.1	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.86	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.9	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.24	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.91	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.59	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.62	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.76	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.65	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.14	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Beckley, WV - 517

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 10

2. Point-in-time estimate of Veterans who are Chronically Homeless: 2

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **10** (point-in-time estimate of homeless veterans in service area) **X 22%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 89%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 2** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	50	0
Transitional Housing Beds	20	0
Permanent Housing Beds	0	5

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 8

3. CHALENG Point of Contact Action Plan for FY 2005

Dental Care	Identify dentist and or clinic to enter into formal or informal agreement to provide service.
Treatment for substance abuse	Refer identified individuals to substance abuse counselor for appropriate disposition. Continue to utilize appropriate VA inpatient and or domiciliary services for treatment and aftercare.
Help with finding a job or getting employment	Utilize appropriate community resources, i.e., job services, newspaper, Internet to assist homeless veterans with employment needs. Explore establishing CWT program.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 7 Non-VA staff Participants: 86%
Homeless/Formerly Homeless: 0%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Drop-in center or day program	1.6	25%	2.77	10
2	Help managing money	2	25%	2.71	7
3	Dental care	2.2	25%	2.34	2
4	Help with transportation	2.2	60%	2.82	11
5	Halfway house or transitional living facility	2.4	0%	2.76	8
6	Treatment for dual diagnosis	2.4	0%	3.01	18
7	Family counseling	2.4	0%	2.85	12
8	Eye care	2.4	0%	2.65	5
9	Guardianship (financial)	2.4	0%	2.76	9
10	Long-term, permanent housing	2.6	25%	2.25	1
11	Help with medication	2.6	0%	3.18	24
12	Glasses	2.6	0%	2.67	6
13	SSI/SSD process	2.6	0%	3.02	19
14	Job training	2.6	0%	2.88	14
15	Child care	2.6	0%	2.39	3
16	Legal assistance	2.6	0%	2.61	4
17	Discharge upgrade	2.6	0%	2.90	15
18	Emergency (immediate) shelter	2.8	0%	3.04	20
19	Detoxification from substances	2.8	25%	3.11	22
20	Women's health care	2.8	0%	3.09	21
21	Help with finding a job or getting employment	2.8	0%	3.00	17
22	Spiritual	2.8	0%	3.30	27
23	Personal hygiene (shower, haircut, etc.)	3	0%	3.21	26
24	Services for emotional or psychiatric problems	3	0%	3.20	25
25	AIDS/HIV testing/counseling	3	0%	3.38	30
26	Help getting needed documents or identification	3	0%	3.16	23
27	Medical services	3.2	0%	3.55	34
28	VA disability/pension	3.2	0%	3.33	29
29	Education	3.2	0%	2.88	13
30	Food	3.33	0%	3.56	35
31	Clothing	3.33	0%	3.40	31
32	Treatment for substance abuse	3.4	25%	3.30	28
33	Hepatitis C testing	3.4	0%	3.41	32
34	Welfare payments	3.4	0%	2.97	16
35	TB testing	3.6	0%	3.58	36
36	TB treatment	3.6	0%	3.45	33

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	2.83	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	2.67	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	2.5	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	2.5	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	2.5	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	2.5	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	1.6	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.6	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.4	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.6	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.2	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.2	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.4	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.6	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.2	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Durham, NC - 558

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 300

2. Point-in-time estimate of Veterans who are Chronically Homeless: 115

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **300** (point-in-time estimate of homeless veterans in service area) **X 43%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 90%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 115** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	90	20
Transitional Housing Beds	40	7
Permanent Housing Beds	25	40

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 10

3. CHALENG Point of Contact Action Plan for FY 2005

Transitional living facility	Our VA homeless program will continue to expand the number of available transitional beds via the VA Grant and Per Diem Program. The special focus of beds will be to provide housing for homeless females.
Help with finding a job or getting employment	The local office of the North Carolina Employment Commission has a representative to provide employment services each week at the Durham VA Medical Center. Homeless veterans are referred to him for assistance with employment needs. While the Durham VA Medical Center has an Incentive Therapy Program and vets are referred to that program, a Compensated Work Therapy Program would prepare veterans for full time employment. However, the Medical Center does not have such a program at this time. Our goals will be to assist in creation of one.
Medical Services	The VA has opened medical clinics in Durham and Raleigh which has reduced demand for medical care at the main facility. The homeless program staff will continue to seek agreements with health care providers for the homeless to provide care.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 49 Non-VA staff Participants: 70% Homeless/Formerly Homeless: 45%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	1.67	28%	2.25	1
2	Drop-in center or day program	1.82	2%	2.77	10
3	Dental care	2.11	17%	2.34	2
4	Family counseling	2.23	2%	2.85	12
5	Child care	2.24	2%	2.39	3
6	Glasses	2.47	4%	2.67	6
7	Eye care	2.51	2%	2.65	5
8	Welfare payments	2.53	0%	2.97	16
9	Treatment for dual diagnosis	2.59	4%	3.01	18
10	SSI/SSD process	2.61	6%	3.02	19
11	Help managing money	2.62	0%	2.71	7
12	Halfway house or transitional living facility	2.63	23%	2.76	8
13	Legal assistance	2.63	0%	2.61	4
14	Job training	2.68	11%	2.88	14
15	Guardianship (financial)	2.7	4%	2.76	9
16	Help with finding a job or getting employment	2.71	9%	3.00	17
17	Services for emotional or psychiatric problems	2.73	6%	3.20	25
18	Help with medication	2.77	4%	3.18	24
19	Help with transportation	2.79	2%	2.82	11
20	Women's health care	2.83	0%	3.09	21
21	Personal hygiene (shower, haircut, etc.)	2.85	2%	3.21	26
22	Education	2.85	6%	2.88	13
23	Discharge upgrade	2.93	6%	2.90	15
24	VA disability/pension	2.96	13%	3.33	29
25	Detoxification from substances	3.07	2%	3.11	22
26	Help getting needed documents or identification	3.11	2%	3.16	23
27	Treatment for substance abuse	3.14	13%	3.30	28
28	Food	3.19	4%	3.56	35
29	Clothing	3.19	4%	3.40	31
30	Medical services	3.2	2%	3.55	34
31	AIDS/HIV testing/counseling	3.34	2%	3.38	30
32	Emergency (immediate) shelter	3.44	6%	3.04	20
33	Spiritual	3.61	2%	3.30	27
34	TB treatment	3.65	0%	3.45	33
35	Hepatitis C testing	3.72	4%	3.41	32
36	TB testing	3.94	0%	3.58	36

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.39	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	2.93	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	3.63	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3.79	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.62	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	3.38	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.54	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.38	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.37	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.93	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.9	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.28	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.9	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.67	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.69	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.87	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.8	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.53	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.57	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.87	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Fayetteville, NC - 565

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 75

2. Point-in-time estimate of Veterans who are Chronically Homeless: 21

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **75** (point-in-time estimate of homeless veterans in service area) **X 33%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 84%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 21** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	100	10
Transitional Housing Beds	26	21
Permanent Housing Beds	12	0

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Long-term, permanent housing	We want to increase the number of beds in this area.
Women's Health Care	Provide education to homeless female veterans through women clinics and women veteran coordinator.
Job Training	Continue to work with Employment Commission to prepare veterans for employment.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 15 Non-VA staff Participants: 100%
Homeless/Formerly Homeless: 0%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Emergency (immediate) shelter	1.73	17%	3.04	20
2	Dental care	1.8	17%	2.34	2
3	Legal assistance	1.87	0%	2.61	4
4	Glasses	2.13	0%	2.67	6
5	Child care	2.2	8%	2.39	3
6	Help with medication	2.27	0%	3.18	24
7	Eye care	2.33	0%	2.65	5
8	Help managing money	2.36	8%	2.71	7
9	Long-term, permanent housing	2.4	17%	2.25	1
10	Discharge upgrade	2.43	0%	2.90	15
11	Personal hygiene (shower, haircut, etc.)	2.53	8%	3.21	26
12	Treatment for substance abuse	2.53	0%	3.30	28
13	Treatment for dual diagnosis	2.53	15%	3.01	18
14	Help getting needed documents or identification	2.53	0%	3.16	23
15	Services for emotional or psychiatric problems	2.67	8%	3.20	25
16	Drop-in center or day program	2.67	0%	2.77	10
17	Help with finding a job or getting employment	2.67	25%	3.00	17
18	Education	2.67	0%	2.88	13
19	Halfway house or transitional living facility	2.73	25%	2.76	8
20	Detoxification from substances	2.73	0%	3.11	22
21	Medical services	2.73	0%	3.55	34
22	Job training	2.73	17%	2.88	14
23	Guardianship (financial)	2.79	0%	2.76	9
24	Family counseling	2.8	0%	2.85	12
25	Help with transportation	2.8	0%	2.82	11
26	Women's health care	2.87	8%	3.09	21
27	Clothing	3	8%	3.40	31
28	VA disability/pension	3	8%	3.33	29
29	Welfare payments	3	0%	2.97	16
30	Hepatitis C testing	3.07	0%	3.41	32
31	AIDS/HIV testing/counseling	3.2	0%	3.38	30
32	SSI/SSD process	3.29	0%	3.02	19
33	TB treatment	3.47	0%	3.45	33
34	Food	3.67	17%	3.56	35
35	TB testing	3.67	0%	3.58	36
36	Spiritual	3.8	8%	3.30	27

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	2.5	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	2.75	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	3.36	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3.36	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.45	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	3.27	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.18	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	2.36	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	1.92	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.64	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.73	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.9	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.64	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.8	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.36	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.55	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.73	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.56	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.33	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.7	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Hampton, VA - 590

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 325

2. Point-in-time estimate of Veterans who are Chronically Homeless: 71

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **325** (point-in-time estimate of homeless veterans in service area) **X 25%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 88%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 71** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	250	30
Transitional Housing Beds	200	40
Permanent Housing Beds	25	50

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Immediate shelter	Local shelters, especially the winter shelter programs, will attempt to add additional beds, possibly over a longer period of time than the traditional cold winter period (November 15-March 31).
Long-term, permanent housing	HUD-VASH program to fully utilize its 25 vouchers.
Job Training	No plan.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 15 Non-VA staff Participants: 67%
Homeless/Formerly Homeless: 7%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	1.93	40%	2.25	1
2	Dental care	1.93	7%	2.34	2
3	Emergency (immediate) shelter	2	60%	3.04	20
4	Legal assistance	2.21	0%	2.61	4
5	Eye care	2.27	0%	2.65	5
6	Glasses	2.27	0%	2.67	6
7	Child care	2.31	0%	2.39	3
8	Drop-in center or day program	2.6	7%	2.77	10
9	Family counseling	2.64	0%	2.85	12
10	Help managing money	2.79	7%	2.71	7
11	Halfway house or transitional living facility	2.8	20%	2.76	8
12	Help with transportation	2.87	0%	2.82	11
13	Job training	2.93	13%	2.88	14
14	Education	2.93	0%	2.88	13
15	Discharge upgrade	2.93	0%	2.90	15
16	Help with medication	3	0%	3.18	24
17	Detoxification from substances	3.2	0%	3.11	22
18	Guardianship (financial)	3.2	0%	2.76	9
19	Help with finding a job or getting employment	3.21	7%	3.00	17
20	Help getting needed documents or identification	3.21	7%	3.16	23
21	Medical services	3.27	7%	3.55	34
22	TB treatment	3.27	0%	3.45	33
23	Women's health care	3.29	0%	3.09	21
24	Hepatitis C testing	3.29	0%	3.41	32
25	Welfare payments	3.31	0%	2.97	16
26	Treatment for substance abuse	3.33	0%	3.30	28
27	AIDS/HIV testing/counseling	3.33	0%	3.38	30
28	TB testing	3.4	0%	3.58	36
29	SSI/SSD process	3.4	0%	3.02	19
30	Spiritual	3.4	7%	3.30	27
31	Personal hygiene (shower, haircut, etc.)	3.53	0%	3.21	26
32	Services for emotional or psychiatric problems	3.6	7%	3.20	25
33	Treatment for dual diagnosis	3.6	0%	3.01	18
34	VA disability/pension	3.73	0%	3.33	29
35	Food	3.87	7%	3.56	35
36	Clothing	3.87	0%	3.40	31

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.93	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.07	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	4.14	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	4.15	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.77	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	4.27	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.64	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.5	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.8	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	3.2	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.5	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.1	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.3	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.7	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.6	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.3	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.3	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.3	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Richmond, VA - 652

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 8

2. Point-in-time estimate of Veterans who are Chronically Homeless: 1

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **8** (point-in-time estimate of homeless veterans in service area) **X 17%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 87%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 1** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	21	40
Transitional Housing Beds	46	25
Permanent Housing Beds	10	20

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Detoxification from substances	VA currently collaborating with community agencies regarding a contractual agreement to provide drug detoxification to at least six veterans. Hospital does not provide detox unless veterans is in a state of D.T.'s.
Child Care	VA currently collaborating with community Grant and Per Diem hopeful in developing a new transitional program that will provide child care to children under school age.
Immediate shelter	VA and community have developed a new central intake process for finding shelter for homeless veterans and new vets in the community. So far successful.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 19 Non-VA staff Participants: 50%
Homeless/Formerly Homeless: 0%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Child care	1.81	11%	2.39	3
2	Legal assistance	2.11	0%	2.61	4
3	Education	2.21	0%	2.88	13
4	Guardianship (financial)	2.22	6%	2.76	9
5	Job training	2.26	17%	2.88	14
6	Halfway house or transitional living facility	2.32	33%	2.76	8
7	Long-term, permanent housing	2.32	22%	2.25	1
8	Help managing money	2.32	0%	2.71	7
9	Dental care	2.42	0%	2.34	2
10	Help with transportation	2.42	0%	2.82	11
11	Welfare payments	2.5	0%	2.97	16
12	Eye care	2.58	0%	2.65	5
13	Glasses	2.58	0%	2.67	6
14	SSI/SSD process	2.58	0%	3.02	19
15	Emergency (immediate) shelter	2.63	22%	3.04	20
16	Help with finding a job or getting employment	2.68	11%	3.00	17
17	Discharge upgrade	2.75	0%	2.90	15
18	Help getting needed documents or identification	2.79	0%	3.16	23
19	Family counseling	3	0%	2.85	12
20	Spiritual	3	0%	3.30	27
21	Personal hygiene (shower, haircut, etc.)	3.05	0%	3.21	26
22	Women's health care	3.06	6%	3.09	21
23	Drop-in center or day program	3.06	0%	2.77	10
24	Help with medication	3.11	6%	3.18	24
25	Clothing	3.16	0%	3.40	31
26	Detoxification from substances	3.16	6%	3.11	22
27	Treatment for dual diagnosis	3.22	11%	3.01	18
28	Food	3.26	17%	3.56	35
29	VA disability/pension	3.32	0%	3.33	29
30	AIDS/HIV testing/counseling	3.39	0%	3.38	30
31	Treatment for substance abuse	3.47	6%	3.30	28
32	Services for emotional or psychiatric problems	3.58	22%	3.20	25
33	TB treatment	3.61	0%	3.45	33
34	Hepatitis C testing	3.63	0%	3.41	32
35	TB testing	3.67	0%	3.58	36
36	Medical services	3.68	0%	3.55	34

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.42	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.11	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	3.95	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	4.05	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.84	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	3.78	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.44	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.56	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.64	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.21	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.17	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.69	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.23	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.69	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.15	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.69	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.15	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.25	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.93	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Salem, VA - 658

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 150

2. Point-in-time estimate of Veterans who are Chronically Homeless: 42

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **150** (point-in-time estimate of homeless veterans in service area) **X 32%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 86%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 42** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	237	0
Transitional Housing Beds	30	50
Permanent Housing Beds	25	80

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 1

3. CHALENG Point of Contact Action Plan for FY 2005

Dental Care	Continue to discuss and seek governmental and private funds for dental treatment.
Long-term, permanent housing	Continue working with private and governmental agencies to advocate for this type of housing. One agency has submitted a proposal to secure HUD funding for long-term housing.
Help with Transportation	The local homeless assistance team has hired a part-time driver who is available to assist with transportation. Need to work with this individual to arrange transportation for homeless veterans.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 16 Non-VA staff Participants: 63% Homeless/Formerly Homeless: 19%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Dental care	2.07	29%	2.34	2
2	Eye care	2.4	0%	2.65	5
3	Long-term, permanent housing	2.63	29%	2.25	1
4	Hepatitis C testing	2.71	0%	3.41	32
5	Child care	2.71	0%	2.39	3
6	Glasses	2.73	0%	2.67	6
7	Education	2.73	0%	2.88	13
8	Drop-in center or day program	2.79	0%	2.77	10
9	Guardianship (financial)	2.79	0%	2.76	9
10	Help with transportation	2.8	7%	2.82	11
11	Help managing money	2.87	0%	2.71	7
12	Legal assistance	2.93	0%	2.61	4
13	Family counseling	3	0%	2.85	12
14	Help getting needed documents or identification	3	14%	3.16	23
15	Women's health care	3.07	0%	3.09	21
16	TB testing	3.07	0%	3.58	36
17	Welfare payments	3.07	0%	2.97	16
18	Job training	3.07	0%	2.88	14
19	SSI/SSD process	3.13	0%	3.02	19
20	Treatment for dual diagnosis	3.2	7%	3.01	18
21	Help with finding a job or getting employment	3.27	7%	3.00	17
22	Help with medication	3.31	0%	3.18	24
23	TB treatment	3.33	0%	3.45	33
24	Services for emotional or psychiatric problems	3.44	14%	3.20	25
25	AIDS/HIV testing/counseling	3.47	0%	3.38	30
26	Discharge upgrade	3.5	0%	2.90	15
27	Halfway house or transitional living facility	3.56	0%	2.76	8
28	VA disability/pension	3.57	7%	3.33	29
29	Detoxification from substances	3.69	7%	3.11	22
30	Personal hygiene (shower, haircut, etc.)	3.75	14%	3.21	26
31	Medical services	3.75	7%	3.55	34
32	Treatment for substance abuse	3.81	14%	3.30	28
33	Clothing	4	0%	3.40	31
34	Spiritual	4.13	0%	3.30	27
35	Food	4.31	0%	3.56	35
36	Emergency (immediate) shelter	4.31	36%	3.04	20

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.07	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.6	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	4.4	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	4.27	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	4.33	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	4.13	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.07	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.93	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.67	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.42	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.91	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.67	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.45	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.92	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.27	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.67	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.73	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.55	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Salisbury, NC - 659

VISN 6

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 1000

2. Point-in-time estimate of Veterans who are Chronically Homeless: 299

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **1000** (point-in-time estimate of homeless veterans in service area) **X 34%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 89%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 299** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	1052	400
Transitional Housing Beds	335	75
Permanent Housing Beds	300	500

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Dental Care	Our VA Healthcare for Homeless Veterans (HCHV) program will continue to work closely with VA Dental Services to increase the number of veterans treated by the clinic with particular emphasis on veterans with compromising medical complications and those at risk for nutritional problems.
Long-term, permanent housing	Several partner agencies in at least three major cities (Charlotte, Greensboro, Winston-Salem) have opened permanent housing programs to address needs of homeless persons. There are plans to increase this programming through HUD grants.
Help Managing Money	North Carolina Coalition for Veterans will be providing quarterly education to provider agencies in cooperation with local government and community providers. Veterans admitted to VA Grant and Per Diem programs will attend money management and credit repair programs.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 127 Non-VA staff Participants: 86%
Homeless/Formerly Homeless: 6%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Dental care	2.11	19%	2.34	2
2	Child care	2.35	2%	2.39	3
3	Long-term, permanent housing	2.45	31%	2.25	1
4	Eye care	2.45	2%	2.65	5
5	Guardianship (financial)	2.46	7%	2.76	9
6	Help managing money	2.48	3%	2.71	7
7	Job training	2.48	8%	2.88	14
8	Legal assistance	2.5	1%	2.61	4
9	Glasses	2.51	0%	2.67	6
10	Help with finding a job or getting employment	2.6	11%	3.00	17
11	Drop-in center or day program	2.68	2%	2.77	10
12	Family counseling	2.69	2%	2.85	12
13	Discharge upgrade	2.71	1%	2.90	15
14	Help with transportation	2.73	8%	2.82	11
15	Women's health care	2.76	0%	3.09	21
16	Halfway house or transitional living facility	2.79	19%	2.76	8
17	Treatment for dual diagnosis	2.85	3%	3.01	18
18	Education	2.86	4%	2.88	13
19	Emergency (immediate) shelter	2.96	25%	3.04	20
20	SSI/SSD process	2.96	2%	3.02	19
21	Hepatitis C testing	3	1%	3.41	32
22	Welfare payments	3.02	0%	2.97	16
23	Help getting needed documents or identification	3.03	0%	3.16	23
24	Services for emotional or psychiatric problems	3.11	7%	3.20	25
25	VA disability/pension	3.13	1%	3.33	29
26	Help with medication	3.16	3%	3.18	24
27	Treatment for substance abuse	3.17	10%	3.30	28
28	Personal hygiene (shower, haircut, etc.)	3.18	1%	3.21	26
29	Medical services	3.19	7%	3.55	34
30	AIDS/HIV testing/counseling	3.28	3%	3.38	30
31	TB treatment	3.28	0%	3.45	33
32	Detoxification from substances	3.3	4%	3.11	22
33	TB testing	3.38	1%	3.58	36
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35	Clothing	3.53	3%	3.40	31
36	Food	3.64	4%	3.56	35

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

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Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3.99	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.85	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	3.83	3.90
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